MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
10225

1. PLACE OF DEATH
County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis Mo. (No. 4111 Rear Papan St.) File No. 2813
Registered No. .....
Ward)

2. FULL NAME Emma Lockett
(a) Residence. No. 4111 Rear Papan St., 18 Ward.
(Usual place of Abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2 - 1867
7. AGE: Years 60 | Months 1 | Days 18 | If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

PARENTS
10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Alabama
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Alabama

14. INFORMANT: Lizzie Lychon
(Address) 4111 Rear Papan St
15. FILED MAR 22 1927, 19.... Mar 6 Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 19 27
17. I HEREBY CERTIFY, That I attended deceased from March 9, 1927, to March 20, 19 27 that I last saw h.... alive on March 19 27 and that death occurred, on the date stated above, at 2.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
(duration) yrs. 10 mos. ds.
CONTRIBUTORY (SECONDARY) Acute Intestinal
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. W. Macdonald, M. D
19 (Address) 3529 Franklin

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenwood Cemetery
DATE OF BURIAL: Mar 22 19 27
20. UNDERTAKER: A. L. Beal
ADDRESS 2726 Lucas ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
WRITE PLAINLY, WITH UNFADING INK